

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000082668

Entity Name: OMNIDYNE, INC.

FILED  
Aug 29, 2005  
Secretary of State

## Current Principal Place of Business:

2445 WEYMOUTH DR  
CLEARWATER, FL 33764

## New Principal Place of Business:

43087 LAGO GALLERIE CT  
ASHBURN, VA 20148

## Current Mailing Address:

2445 WEYMOUTH DR  
CLEARWATER, FL 33764

## New Mailing Address:

43087 LAGO GALLERIE CT  
ASHBURN, VA 20148

FEI Number: 59-3540468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOULET, DAVID L  
2445 WEYMOUTH DRIVE  
CLEARWATER, FL 33764 US

## Name and Address of New Registered Agent:

SULLIVAN, STEVEN L  
43087 LAGO GALLERIE CT  
ASHBURN, FL 20148 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEVEN L SULLIVAN

08/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GOULET, DAVID  
Address: 2445 WAYMOUTH DR  
City-St-Zip: CLEARWATER, FL 33764

Title: D ( ) Delete  
Name: SULLIVAN, STEVEN  
Address: 19504 WYNDILL CIR  
City-St-Zip: ODESSA, FL 33556

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SULLIVAN, STEVEN L  
Address: 43087 LAGO GALLERIE CT  
City-St-Zip: ASHBURN, VA 20148

Title: D (X) Change ( ) Addition  
Name: FORD, LISA B  
Address: 43087 LAGO GALLERIE CT  
City-St-Zip: ASHBURN, VA 20148

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN L SULLIVAN

D

08/29/2005

Electronic Signature of Signing Officer or Director

Date